COUNTRY STRATEGIC PLAN (CSP) IV
PLAN INDIA
JULY 1, 2015 - JUNE 30, 2020

CSP IV AIMS TO:

Directly Impact
2 MILLION CHILDREN

Develop and implement
INNOVATIVE PILOTS

Reach
5 MILLION CHILDREN through advocacy

CSP IV ensures:

• **Relevance**: Alignment with Plan’s global aspirations, synergies between Plan India’s expertise and national priorities for child development and progress made with regards to the Millennium Development Goals (MDGs) as well as alignment with the new Sustainable Development Goals (SDG).

• **Convergence**: The proposed approach encourages programmes to work together to achieve outcomes for children and young people in the age group of 0-29 years.

• **Gender and social inclusion**: CSP IV underlines Plan India’s commitment to make informed decisions for reaching the most vulnerable and excluded communities and to implement gender transformative programmes.
With the Sustainable Development Goals (SDGs), having replaced the Millennium Development Goals (MDGs) in September 2015, there is a bold and transformative global agenda to end poverty and fight inequities and inequalities.

Plan India is committed to ensuring that no child is left behind. Our Country Strategic Plans (CSPs) are five year plans that encompass our set of strategic objectives and programme priorities to ensure that we continue to make a lasting impact in the lives of vulnerable and excluded children and their communities.

I am proud to share that as part of CSP III, Plan India successfully reached out to 5,400 communities across 14 states directly benefiting about one million children. Some of the key achievements from CSP III in Plan’s programme communities as highlighted by external evaluations, include the following:

- Increase in birth registrations from 67% to 74%
- Decline in incidences of child abuse from 66% to 26% for girls and from 72% to 29% for boys
- Increase in access and use of toilets from 36% to 43%
- Improved economic status of 300,000 women and 18,000 girls who were supported with employment/self-employment opportunities

In the last five years, Plan India responded to more than 15 disasters, of which 3 were in 2015, within the first 24 to 72 hours with immediate humanitarian assistance and long term rehabilitation that reached more than 500,000 children, women and men in the districts of Uttarakhand, Odisha, Jammu and Kashmir and Andhra Pradesh.

With CSP IV, Plan India aims to:

- Reach two million children and young people in vulnerable and excluded communities through direct interventions
- Develop and implement innovative pilots through evidence based programming
- Reach five million children and young people through evidence based advocacy

In order to achieve these targets, we will work in approximately 6,000 villages and slums across the country to: (i) improve access to quality reproductive, maternal, child and adolescent health services; (ii) improve access to water, sanitation and hygiene services; (iii) improve learning and access to holistic and quality education (pre-primary to secondary education); (iv) improve youth employability and economic empowerment; (v) protect children from all forms of abuse, neglect, exploitation and violence; and (vi) build disaster resilient communities through comprehensive disaster risk reduction and humanitarian assistance.

All our programmes will continue to focus on tackling exclusion and gender inequality. We will also continue to engage Civil Society Organisations (CSOs) at the grassroots level and engage with local, state and national governments for advancing child development agenda. Furthermore, we will establish robust monitoring, evaluation, research and learning systems to strengthen our accountability.

As we lay the foundation of CSP IV in 2015, the SDGs (2015-2030) bring a renewed ambition to end poverty, reaffirming Plan’s commitment to empowering children, their families and communities to be able to lead a life of dignity.

Yours Sincerely

Bhagyashri Dengle
Executive Director, Plan India
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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</thead>
<tbody>
<tr>
<td>AWC</td>
<td>Anganwadi Centre</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CRSA</td>
<td>Child Rights Situation Analysis</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DIET</td>
<td>District Institute of Education and Training</td>
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<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>ECCD</td>
<td>Early Childhood Care and Development</td>
</tr>
<tr>
<td>ECCE</td>
<td>Early Childhood Care and Education</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Scheme</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MERL</td>
<td>Monitoring, Evaluation and Research Learning</td>
</tr>
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<td>NUHM</td>
<td>National Urban Health Mission</td>
</tr>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SMC</td>
<td>School Management Committee</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
The story of India is highlighted by growth accompanied by increasing disparities. Though India is the tenth largest economy in terms of nominal Gross Domestic Product (GDP) and third largest in terms of purchasing power parity, 32.7% of its population still lives on less than USD 1.25 per day. India has a population of 1.28 billion people of which 48.5% are female and almost half of the population is below the age of 24 years. The traditionally excluded groups of Scheduled Caste (SC) and Scheduled Tribes (ST) constitute 17% and 7% respectively, of the total population. Additionally, there are also newer categories of vulnerable population unable to benefit from the gains of a rapidly expanding economy. Development indicators for women, SC and ST are lower than the national average.

The situation of children in India continues to be alarming as substantiated by the Child Rights Situation Analysis (CRSA) undertaken while developing the Country Strategic Plan (CSP) IV. India being home to the largest number of children in the world, protection from abuse and violence, access to quality healthcare and education, universal immunisation and access to nutrition constitute a significant challenge to equitable growth.

SUMMARY OF KEY DEVELOPMENT INDICATORS

1. Poverty and Hunger

India’s Gross Domestic Product (GDP) was USD 1876.8 billion in 2013 which was 3.03% of the world’s economy. The India poverty head count has declined since 2004 and it is projected that India will achieve its 2015 MDG target of 20.74%. The growth witnessed in 2001-2011 enabled the government to increase its spending on development programmes (2004-05: 38%; 2011-12: 45%).

Unfortunately, India has missed its MDG target of 26% for reduction in under-nutrition among children below 3 years. Nutritional deficiencies coupled with poor sanitation conditions contribute to poor cognitive development (stunting).

Source: MDG report

Youth participating in a gender workshop in Delhi
2. Maternal Health, Child Survival and Optimal Development

In India, every second woman in the reproductive age is reported anaemic and four-fifths of children in 6-35 months suffer from anaemia.¹

Statistics of children under 5 in India

About 1.83 million children die annually before completing their fifth birthday – most of them due to preventable causes.

1 in 3

Children are too small and thus underdeveloped

1 in 4

About 129 million children are underweight


Maternal mortality reduced from 178/100,000 (2012)

% of institutional deliveries 77% (2015 predicted)

Infant mortality rate live births (2012)

41/1,000 Boys

44/1,000 Girls

Under 5 mortality rate live births (2012)

49/1,000 Boys

56/1,000 Girls

% of children immunised against measles 74% in 2009 (expected to be 85% in 2015)

Source: MDG report

¹ National Family and Health Survey, 2005-2006.
3. Water, Sanitation and Hygiene (WASH)

The Government of India has prioritised safe drinking water and sanitation as key determinants to health. However, India has the highest number of people practicing open defecation in the world.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of open defecation</td>
<td>600 million People</td>
</tr>
<tr>
<td>Schools with functional toilet facilities</td>
<td>60%</td>
</tr>
<tr>
<td>% of households with improved drinking water sources</td>
<td>87%</td>
</tr>
<tr>
<td>% of households with improved sanitation facilities</td>
<td>34%</td>
</tr>
</tbody>
</table>

Source: MDG report

4. Education

The gender parity index of gross enrolment ratios at primary level has improved by 33% from 0.76 in 1990-91 to 1.01 in 2010-2011 and by 47% from 0.60 to 0.88 at secondary level. However, dropout rates at primary and upper primary level are 29% and 42% respectively.

**CHILDREN AGED 6-14 YEARS**

- **Nearly 80 million** fail to complete elementary education
- **46%** at primary level
- **34%** at upper primary level
- **40%** of Grade III students unable to read at Grade I level
- **41%** of Grade V students unable to read Grade II level

Source: Unified District Information System for Education (U-DISE) and Databook Planning Commission

5. Youth Employability and Economic Empowerment

India produces around 1.2 million engineers and 2.5 million graduates annually. However, at any given point, about 5 million graduates remain unemployable as they are unskilled. Further, as per Census 2011,
only 59% of households had access to banking services and of these, only 8% had borrowed from a formal financial institution in the preceding year.

6. Disaster Risk Reduction

According to the Government of India, nearly 59% of our land area is earthquake prone, 12% is flood prone, 8% is cyclone prone and 2% is landslide prone. A long coastline of approx. 7,500 km is exposed to cyclones and storm surges. Droughts affect 68% of India’s land area.

During the past five years, due to disasters:

Almost 10,000 lives were lost
5 million houses were damaged
20 million hectares of crops were damaged

Source: Ministry of Home Affairs, Government of India

Exposure to disaster exacerbates the risk to children of all ages, particularly girls. Children are 9-18% more prone to illness at times of disasters.

Girls more vulnerable in disasters

According to Plan’s ‘Because I am a Girl’ campaign research, gender inequities make girls more vulnerable to disasters.

For instance in Bihar, post disaster:

81% adolescent girls cited experiencing gender based discrimination
Only 17% reported access to functional toilets
One third reported being subject to physical abuse at home and at school

7. Urban Issues

India’s urban population increased by 32% during 2001-2011 (377 million in 2011). Difficult urban living conditions, limited voice of people in decision making and lack of a secure tenure, assets and legal protection have adversely affected children. Deprived of essential services, children are vulnerable to violation of basic rights. Slum areas suffer from poor health and unsanitary living conditions leaving children and their families at greater risk of disease and chronic health problems.

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5 Situation of Adolescent Girls in Disasters: The State of the Girl Child in India (2013); Plan India
GOVERNMENT OF INDIA RESPONSE

The current Government of India has stated its commitment to policy driven governance and reforms coupled with people's participation and movement. It has prioritised development programmes that have a massive impact, while also focusing on stakeholder engagement (people, corporates and government), transparency and accountability. The Union Budget in 2015-2016 has prioritised accelerating growth, infrastructure development and creating an investor friendly environment to attract Foreign Direct Investment (FDI) to India.

<table>
<thead>
<tr>
<th>Girl Child</th>
<th>Beti Bachao, Beti Padhao Campaign (July 2014): Create awareness and improve efficiency of welfare services meant for women: 100 districts with worst sex ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water and Sanitation</td>
<td>Swachh Bharat Mission: SBM emphasises on generating awareness, sharing information and creating behavioural changes to bridge the gap between building toilets and their proper usage, National Urban Sanitation Policy to transform 423 cities into community-driven, totally sanitised, healthy and livable cities and towns</td>
</tr>
<tr>
<td>Inclusion</td>
<td>Pradhan Mantri Jan-Dhan Yojana: Financial inclusion of the poorest households followed by credit guarantee fund, micro-insurance, unorganised sector pension schemes; Digital India Campaign (August 2014): Access to government services</td>
</tr>
<tr>
<td>Skill Development</td>
<td>Promote entrepreneurship and skill development to train 200,000 apprentices per year in the next 10 years</td>
</tr>
<tr>
<td>Make in India Campaign</td>
<td>Transform India into a global manufacturing hub</td>
</tr>
</tbody>
</table>


International conventions:

India has ratified a number of international conventions/charters including:

- United Nations Convention on the Rights of the Child
- Universal Declaration of Human Rights

Government policies:

The National Policy for Children 2013 states that children are “a supremely important national asset” and commits the government to ensuring every child the right to life, survival, development, education and protection.
Plan has been working in India since 1979 with a commitment to improve the quality of life of children, particularly girls, from vulnerable and excluded communities by creating meaningful partnerships with children, communities and CSOs.

Balika Shivir project, Rajasthan

DIRECTLY IMPACTED
1 MILLION CHILDREN

IN 5,400
COMMUNITIES
ACROSS 14 STATES

PLAN INDIA SECURED ISO 9001-2008
CERTIFICATION FOR QUALITY MANAGEMENT
SYSTEMS FROM ONE OF THE LEADING AND GLOBALLY
REPUTED QUALITY SYSTEM CERTIFICATION AUDITORS
(TÜV SÜD)
## Key Achievements

Plan India’s key achievements between July 1, 2010 - June 30, 2015 in its programme areas in the states of Andhra Pradesh, Bihar, Delhi, Jharkhand, Odisha, Rajasthan, Telangana, Uttarakhand and Uttar Pradesh are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Birth Registration</strong></td>
<td>- New births registered increased from 67% to 74%</td>
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<tr>
<td></td>
<td>- Children experiencing abuse declined from 66% to 26% for girls and 72% to 29% for boys</td>
</tr>
<tr>
<td><strong>ECCD and Education</strong></td>
<td>- Awareness in mothers regarding the nutritional status of their children increased from 45% to 65%</td>
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<td></td>
<td>- 67% of children (3-6 years) had access to early learning</td>
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<tr>
<td></td>
<td>- 98% children (6-14 years) were enrolled in school</td>
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<tr>
<td><strong>Health</strong></td>
<td>- Institutional deliveries increased from 53% to 73%. 94,000 expectant mothers were prepared for safe deliveries</td>
</tr>
<tr>
<td></td>
<td>- Over 200,000 children were prevented from malnutrition</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>- Access and use of toilets increased from 36% to 43%</td>
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<tr>
<td></td>
<td>- 28% households reported adopting any form of water treatment practices</td>
</tr>
<tr>
<td><strong>Economic Security</strong></td>
<td>- Economic status of 300,000 women and 18,000 girls was improved by supporting them with employment/self-employment opportunities</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>- 3,900 children’s clubs actively monitor essential services in their communities</td>
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<td></td>
<td>- More than two-third children and nearly half the young people in our programme areas participated in community based groups</td>
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<tr>
<td><strong>Emergencies</strong></td>
<td>- Plan India responded to more than 15 large, medium and small scale disasters within the first 24 to 72 hours reaching more than 500,000 children, women and men</td>
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<tr>
<td></td>
<td>- Environment education programmes in schools were implemented</td>
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<tr>
<td><strong>Urban Programmes</strong></td>
<td>- Urban programmes have been implemented in unauthorised slums and resettlement colonies of Mumbai, Pune, Bhubaneswar, Delhi, Muzaffarpur and Hyderabad</td>
</tr>
<tr>
<td></td>
<td>- Programmes focused on strengthening community based institutions, building knowledge base, developing collective confidence and esteem of the community, etc.</td>
</tr>
</tbody>
</table>
Plan India’s CSP for 2016-2020 has been developed after several consultations with its stakeholders namely children, youth, women, field partners, CSOs, government (local, state and national) funding partners as well as with networks and alliances that Plan India represents or leads. We also ensured continued engagement with Plan’s Asia Regional Office and National Organisations. The Governing Board was also engaged during the entire process through well designed consultations in the national context, setting the vision and mission for Plan in India. This also included advice on geographical focus and strategic choices, resource mobilisation, communications and branding.

Plan’s strategic response gives due attention to the rights of children as set out in the United Nations Convention on the Rights of the Child (UNCRC). Furthermore, the strategic choices made in CSP IV build on Plan’s global strategic direction articulated in ‘One Plan, One Goal’; regional thematic strategies and priorities; our expertise, learning and achievements of CSP III; emerging national priorities for child rights based on progress made towards MDGs as well as SDGs.
## PLAN INDIA’S POSITION

| **Working with Children and Communities** | Engage children, their families and CBOs to identify issues, design, implement and monitor interventions |
| **Tackling Exclusion and Gender Inequality** | Engage the most vulnerable and excluded groups for needs assessment and programme design; Design gender transformative programmes |
| **Engaging with Civil Society** | Engage grassroots CSOs to maximise programme reach; Establish mechanisms for mutual sharing of approaches and experiences; Effectively represent and take a lead in establishing civil society networks |
| **Influencing Government** | Engage with the local, state and national government to ensure access to quality services and leverage government resources; Encourage the government to incorporate views and voices of children and communities in programmes |
| **Strengthening Plan’s Accountability** | Engage existing 27 partners and new partners, towards setting priorities and designing need based programmes; Strengthen decentralised monitoring and documentation systems for improving programmes and increasing the potential for replication and advocacy |

*Children from Plan India community*
**Geographic Priorities**

**Focus on Backward Districts**

Plan India works in 4 out of the 10 States which have the highest poverty head count ratio

60% of the districts in these states are categorised as backward districts

Coverage of areas with significant urban poverty; e.g. National Capital Region has 2 million urban slum dwellers (11% under age of 6)

**Strengthen Programmes in 9 Priority States**

Plan India will saturate its reach in the 53 districts where programmes are being currently implemented

Focus on higher level programming and measurement

**Select needs based Programming in Additional States**

Further expansion of programmes focussed on urban poor in Mumbai and Pune

Explore the possibility of undertaking pilots in Madhya Pradesh and Chhattisgarh (humanitarian response)

**Humanitarian Response**

Respond to major disasters in the country

Disaster ‘Hot Spots’ have been identified and classified by risk level:
- Assam, Eastern Uttar Pradesh and Odisha fall under the ‘very high risk zones’
- Andhra Pradesh, Telangana, West Bengal, Chhattisgarh and Rajasthan are ‘medium to high risk’

Geographic Focus

- **Delhi**: 1. Vishakhapatnam
  - 1. South Delhi
  - 2. West Delhi
  - 3. North-West Delhi
  - 4. Delhi NCR
- **Uttar Pradesh**: 1. Chamoli
  - 2. Haridwar
- **Uttarakhand**: 1. Sant Ravidas Nagar
  - 2. Mirzapur
  - 3. Ambedkar Nagar
  - 4. Lucknow
  - 5. Maharajganj
  - 6. Pratapgarh
  - 7. Varanasi
- **Jharkhand**: 1. Hazaribag
  - 2. West Singhbhum
  - 3. Khunti
  - 4. Ranchi
  - 5. Dhanbad
  - 6. Giridih
  - 7. Deoghar
  - 8. Sahebganj
- **Bihar**: 1. Muzaffarpur
  - 2. Samastipur
  - 3. Saran
  - 4. Vaishali
  - 5. Jamui
  - 6. Patna
  - 7. Sitamarhi
  - 8. Gopalganj
  - 9. West Champaran
  - 10. Gaya
  - 11. Darbhanga
  - 12. Madhubani
  - 13. Bhagalpur
  - 14. Lakhisarai
  - 15. Begusarai
  - 16. East Champaran
  - 17. Hajipur
  - 18. Chapra
  - 19. Katihar
  - 20. Supaul

**Total priority districts**: 32

**Total Grant project districts**: 23

- Grants project districts under CSP IV
- Priority districts under CSP IV
Rationale

Based on the Child Rights Situation Analysis, the following emerged:

<table>
<thead>
<tr>
<th>The status of child <strong>protection</strong> in India is of concern with rising trends in crime rates against children, poor child sex ratio and substantial child labour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and child <strong>health indicators are severely lacking</strong> with India set to miss MDG targets for:</td>
</tr>
<tr>
<td>• Maternal mortality</td>
</tr>
<tr>
<td>• Infant mortality</td>
</tr>
<tr>
<td>• Institutional deliveries</td>
</tr>
<tr>
<td>• Immunisation</td>
</tr>
<tr>
<td><strong>There is a high prevalence of malnutrition</strong>, especially in 0-2 years age group: 40% underweight; 45% stunted</td>
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<tr>
<td><strong>WASH</strong> related practices contribute significantly to health and malnutrition concerns:</td>
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<tr>
<td>• Over 600 million people in India defecate in the open</td>
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<tr>
<td>• Only 34% of houses have separate toilet facilities</td>
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<tr>
<td>Although enrolment rates in schools has increased, <strong>learning outcomes continue to be poor</strong></td>
</tr>
<tr>
<td>Only 3% of Indian youth receive <strong>vocational training</strong> and at any time 5 million graduates are <strong>unemployed</strong></td>
</tr>
<tr>
<td><strong>Vulnerable and excluded communities and girls</strong> have poor socio-economic indicators thereby emphasising on the need to work on gender and social inclusion</td>
</tr>
</tbody>
</table>

Strategic Objectives

The six key strategic objectives of CSP IV are summarised as follows:

1. Maternal Health, Child Survival and Optimal Development: Improve access to quality reproductive, maternal, child and adolescent health services in **6,000 villages and slums**
2. Water, Sanitation and Hygiene: Improve access to water, sanitation and hygiene services in **6,000 villages and slums**
3. Quality and Holistic Education: Improve holistic learning and quality education (pre-primary to secondary education) in **3,000 ECCE/Anganwadi Centres and 3,000 schools**
4. Employability and Economic Empowerment: Improve youth skill development, employability and financial inclusion in **3,000 villages and slums**
5. Protection: Increase protection and effective redressal from all forms of abuse, neglect, exploitation and violence in **6,000 villages and slums**
6. Disaster Risk Reduction: Build disaster resilient communities through comprehensive disaster risk reduction and humanitarian assistance in **1,000 villages and slums**
Each strategic objective has been mapped to key interventions benefiting specific groups as summarised below:

**SO 1: Maternal Health, Child Survival and Optimal Development**

**OBJECTIVE** Improve access to quality reproductive, maternal, child and adolescent health services in **6,000 villages and urban slums**

<table>
<thead>
<tr>
<th>BENEFICIARIES</th>
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<tbody>
<tr>
<td>300,000 women in the reproductive age group (15-49 years) and pregnant women</td>
</tr>
<tr>
<td>Care givers, family members, community members, frontline workers, CBOs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
</tr>
<tr>
<td>• Access to knowledge and affordable health services</td>
</tr>
<tr>
<td>• Improve attitude towards health knowledge and practices among adolescents</td>
</tr>
<tr>
<td>• Prevent vertical transmission of HIV amongst pregnant women</td>
</tr>
<tr>
<td>• Leverage NUHM resources for urban poor</td>
</tr>
<tr>
<td>Early Childhood Care and Development</td>
</tr>
<tr>
<td>• Improve access to quality responsive care and simulation (children aged 0-3 years)</td>
</tr>
<tr>
<td>Citizenship and Good Governance</td>
</tr>
<tr>
<td>• Effective public accountability mechanisms for affordable access to quality services</td>
</tr>
</tbody>
</table>

**SO 2: Water, Sanitation and Hygiene**

**OBJECTIVE** Improve access to water, sanitation and hygiene services in **6,000 villages**

<table>
<thead>
<tr>
<th>BENEFICIARIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 MILLION children and adolescent youth (13-18 years)</td>
</tr>
<tr>
<td>Children, youth groups and CBOs, frontline workers, district, state governments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water and Sanitation</td>
</tr>
<tr>
<td>• Affordable access to health and water, sanitation and hygiene facilities and improve hygiene practices at home and ECCD centres, benefiting families, care givers and user groups</td>
</tr>
<tr>
<td>• Increase number of villages/slums in most vulnerable/excluded areas where Plan India works to be free of open defecation</td>
</tr>
<tr>
<td>• Improve hygiene behaviour (women and children)</td>
</tr>
<tr>
<td>Citizenship and Good Governance</td>
</tr>
<tr>
<td>• Increase number of CBOs to monitor open defecation status in villages and urban slums</td>
</tr>
</tbody>
</table>
### SO 3: Quality and Holistic Education

**Objective**
Improve holistic learning and quality education (pre-primary to secondary education) in 3,000 ECCD/Anganwadi Centres and 3,000 schools

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| **1 MILLION** children between 3-18 years | Early Childhood Care and Development  
- Improve access to appropriate care and learning for children between 3-6 years and ensure smooth transition to primary levels |
| **4 MILLION** children supported through advocacy and policy influence actions | Education  
- Ensure all children complete 10 years of school with appropriate learning levels |
| Children's groups, teachers, SMCs, Govt. officials (ICDS/DIET, etc.) | Citizenship and Good Governance  
- Increase number of children and youth led organisations effectively participating in programming and advocacy |

### SO 4: Employability and Economic Empowerment

**Objective**
Improve youth skill development, employability and financial inclusion in 3,000 villages and urban slums

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| **100,000** youth (between 18-29 years) and **50,000** women | Employability and Economic Empowerment  
- Increase number of youth (18-29 years) receiving Job Oriented Vocational Training and vocational training for entrepreneurship  
- Ensure strong bond between financial inclusion of households and business development services for improved livelelihoods |
| **200,000** youth and **100,000** women supported through advocacy and policy influence actions | Citizenship and Good Governance  
- Increase number of children and youth led organisations effectively participating in programming and advocacy |
| Youth groups, SHGs, skill development organisations, banks |
SO 5: Protection

**Objective**

Increase protection and effective redressal from all forms of abuse, neglect, exploitation and violence in **6,000 villages and urban slums**

**Beneficiaries**

- **2 MILLION** children between 0-18 years (especially girls)
- Care givers, families of children in 0-18 years, children and youth groups, CBOs

**Interventions**

- **Protection from Abuse, Neglect, Exploitation and Violence**
  - Children supported with effective Community Based Child Protection Mechanisms linked to the mainstream system
  - Capacity building of duty bearers engaged in mainstream child protection mechanisms
  - Increase engagement to regulate systemic changes through policy dialogue on child protection issues
  - Access to clean drinking water and sanitation for girls, adolescents and women

- **Citizenship and Good Governance**
  - Increase number of children and youth led organisations effectively participating in programming and advocacy

SO 6: Disaster Risk Reduction

**Objective**

Build disaster resilient communities through comprehensive disaster risk reduction and humanitarian assistance in **1,000 villages and urban slums**

**Beneficiaries**

- **300,000** children (0-18 years), youth and their families
- Children and youth groups, CBOs, Disaster Management Authorities

**Interventions**

- Timely assistance in case of a disaster with specific focus on protection, ECCD (including nutrition), education and WASH in affected areas, especially for girls
- Improve resilience for DRR in affected areas in all areas including:
  - Climate change adaptation
  - Comprehensive school safety programme
MEASURING EFFECTIVENESS

In response to the learnings from CSP III and Plan’s global focus on programme quality and measurements, Plan India has developed a robust Monitoring, Evaluation, Research and Learning (MERL) framework for CSP IV.

Plan India aspires to strengthen its position as a key national player to inform policy and decision making in areas of child rights, disaster risk reduction and inclusive development.

MERL initiatives will:
• Engage children and communities as appropriate
• Contribute to improved programme quality and effectiveness in programme areas as well as at the state and national levels
• Influence delivery of quality services
• Positively influence policies and decision making

MERL Rollout Strategy
Plan India’s MERL strategy will be rolled out as follows:

1. Programme Design and Theory of Change
• Each programme will have a theory of change outlining how the programme/project activities are expected to deliver specific outcomes
• Clear linkages will be established between activities, processes and outcome indicators
• Mandatory participatory reviews, monitoring with children and communities and sharing of the results will be incorporated in the framework

2. Monitoring
• A coherent monitoring framework will be established for tracking common activities, outputs, allocations, utilisation and leveraging government resources
• Disaggregated data on gender and socially excluded groups will be collected for all programmes
• Capacities at all levels will be developed to operationalise the monitoring strategy
• Plan India will be positioned as a “knowledge partner” to the government

3. Evaluation
• A coherent and systematic organisational level evaluation framework against outcomes will be developed
• Evaluations will be initiated to gauge the relevance, effectiveness, efficiency, impact and sustainability of Plan India’s programmes, aligned to its’ strategic objectives

4. Research
• Research will be aligned to strategic intervention areas with specific focus on gender and social inclusion
• Data from monitoring and evaluations will be leveraged as well as specific researches will be commissioned
• Examples of proposed research areas include:
  – Impact of integrated programmes on the quality of life of children
  – Community based child protection mechanisms and effectiveness of linking them to the mainstream system

5. Learning
• Plan India will expedite and improve creation of knowledge and its transfer both internally and externally
• Knowledge hubs will be created in each state to increase dialogue, facilitate learning and sharing of best practices

These monitoring, evaluation, research and learning initiatives will contribute to improved programme quality and effectiveness in programme areas as well as at the state and national level; influence delivery of quality services; and positively influence policies and decision making. During the course of CSP IV, a mid-term CSP review covering programming, resourcing and organisational areas, and a final CSP review to inform learning, will be conducted.
In order to realise CSP IV targets, Plan India will strengthen its organisational set up through a three-pronged strategy that involves (i) strengthening its presence in programming states and at the national level; (ii) enhancing programme quality; (iii) and strengthening all functions to support high quality programmes. The focus will be on building a high level of technical and functional expertise across all levels. Plan India will enhance the capacities of existing staff while recruiting new employees with required expertise. Furthermore, a high level Technical Advisory Group (TAG) will be constituted to advise the Board.

For the implementation of CSP IV programmes, Plan India will utilise approximately Rs. 1,000 crores, raised from individuals, corporate and institutional donors. Plan India will also focus on raising more funds from local sources to diversify its income portfolio.
“ALONE WE CAN DO SO LITTLE; TOGETHER WE CAN DO SO MUCH”

– Hellen Keller
About Plan India

Plan India, a member of Plan International Federation, is a nationally registered independent child development organisation committed to creating a lasting impact in the lives of vulnerable and excluded children, their families and communities.

Working since 1979, Plan India and its partners have improved the lives of millions of children by providing them access to protection, basic education, proper healthcare, a healthy environment, livelihood opportunities and participation in decisions which affect their lives.